

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO

10 392452

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		2				
4		3				
5		4				
6		5				
7		6				
8		7				
9		8				
10		9				
11		10				
12		11				
13		12				
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15		14				
16		15				
17		16				
18		17				
19		18				
20		19				
21		20				
22		21				
23		22				
24		23				
25		24				
26		25				
27		26				
28	1					
29		1				
30		2				
31		3				
32		4				
33		5				
34		6				
35		7				
36		8				
37		9				
38		10				
39		11				
40		12				
41		13				
42		14				
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44		16				
45		17				
46		18				
47		19				
48		20				
49		21				
50		22				
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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97						
98						
99						
100						
TOTAL IND.		↓	1	↓		↓
TOTAL DEP.	←		27	←	←	
TOTAL CLAIMS			28			